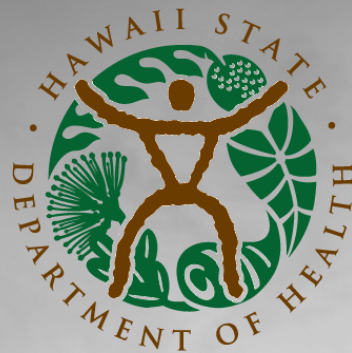

PROVIDER SATISFACTION SURVEY REPORT

FISCAL YEAR 2019

JULY 1, 2018 - JUNE 30, 2019



Child &
Adolescent
Mental
Health
Division



Prepared by the CAMHD Program Improvement & Communications
Office & the Research & Evaluation Team
February 2020

INTRODUCTION

The Child and Adolescent Mental Health Division (CAMHD) of Hawaii's Department of Health (DOH), a member of Hawaii's public system of child serving agencies, is an integrated network of services and supports, managed through public/private partnerships consisting of contracted community-based agencies and state-managed, community-based CAMHD Family Guidance Centers including the Family Court Liaison Branch, with administrative and performance oversight functions at the state's central administration office. In valued partnership with its contracted provider network, the CAMHD's mission is to provide necessary, timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families that allow them to lead full and productive lives.

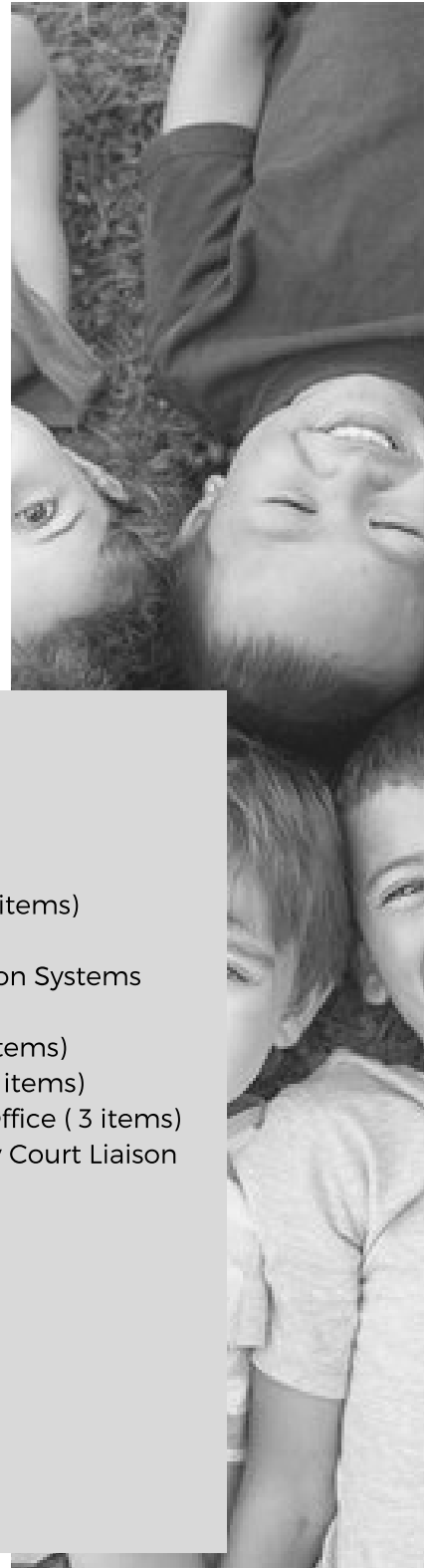
Through its provider network, the CAMHD offers an array of services that include: emergency services; intensive case management; outpatient behavioral health services; crisis residential services; intensive outpatient services; Multi-Systemic Therapy (MST); Functional Family Therapy (FFT); transitional family home (TFH) placement; community-based residential programs; and a hospital-based residential (HBR) program with the CAMHD providing care coordination services, quality oversight services and the funding for the services.



One of the ways the CAMHD gauges its effectiveness and measures any collaborative successes as a partner with members of its provider network is to conduct an annual provider satisfaction survey of the performance of its staff/services in relationship to our provider network and their needs. There are multiple methods of capturing information that guides the CAMHD's efforts toward improvement and which may result in administrative/operational changes, as needed, and the Provider Satisfaction Survey is one of those methods.

The CAMHD conducted its annual survey of its provider network, covering the period from July 01, 2018 through June 30, 2019. The CAMHD provider network members were asked, through the survey, to evaluate the CAMHD overall, and to offer their comments of specific CAMHD offices that included the following:

- Central Administrative Office (3 items)
- Clinical Services Office (CSO; 6 items)
- Program Monitoring Office: Program Monitoring (5 items)
- Program Monitoring Office: Sentinel Events (3 items)
- Program Improvement and Communications Office (PICO; 3 items)
- Research and Evaluation Team (RET; 6 items)
- Health Systems Management Office: Management Information Systems (MIS; 8 items)
- Health Systems Management Office: Credentialing Office (3 items)
- Health Systems Management Office: Facilities Certification (3 items)
- Central Administrative Services Office: Fiscal Support/Fiscal Office (3 items)
- Each of the CAMHD Family Guidance Centers and the Family Court Liaison Branch (11 items each)
 - Kaua'i
 - Maui
 - East Hawai'i
 - West Hawai'i
 - Central O'ahu
 - Honolulu
 - Leeward O'ahu
 - Family Court Liaison Branch



METHOD

The CAMHD conducted its satisfaction survey online through Survey Monkey, a web-based survey tool that helps to streamline the collection of data, as well as, provides quick results. The CAMHD will likely continue to use web-based surveys to conduct this annual satisfaction survey. The CAMHD Program Improvement and Communication Office e-mailed the Survey Monkey web link to the 187 administrators of the CAMHD contracted provider agencies and designated provider staff. Providers were encouraged to invite their staff to participate. Providers could respond to the survey between September 24, 2019 – October 31, 2019.



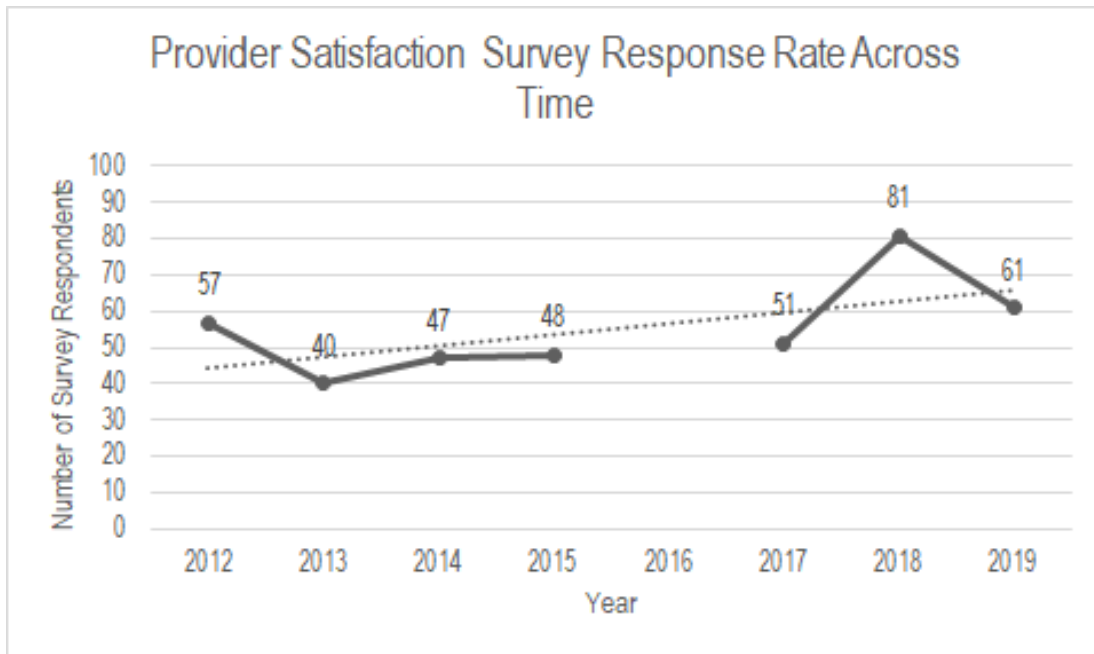
SURVEY MEASURES

In the 2019 online survey, providers were asked to rate all sections of the CAMHD with which they had contact with during the survey period (July 01, 2018- June 30, 2019), on several business functions. All 2019 items were scored on a five-point Likert scale (0-4), with higher scores relating to higher satisfaction with the CAMHD offices/FGCs/services for those items. Ratings of '2' or greater indicate that respondents believe that the CAMHD is, "Meeting or Exceeding Expectations", while ratings that are less than '2' indicate that providers believe that the CAMHD office/FGC/service is not "Meeting Expectations". Mean scores of less than '1' suggest that the CAMHD office/FGC/service "Needs Improvement".

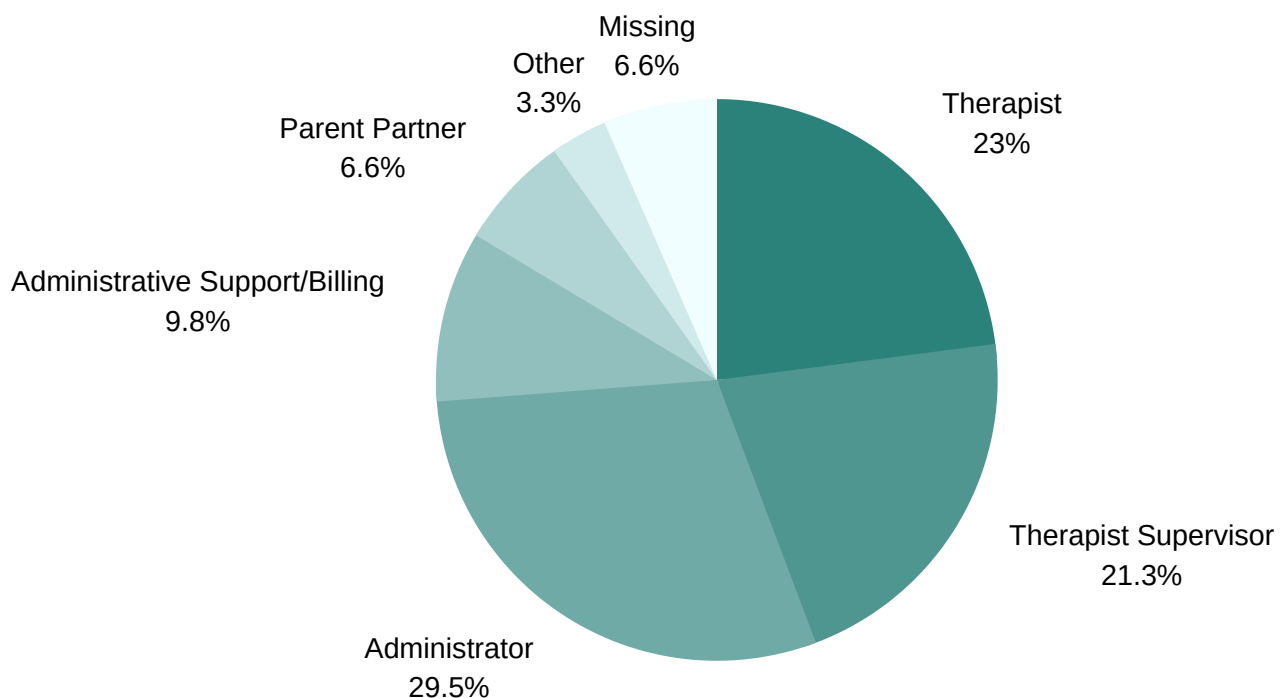
0=Unacceptable
1=Needs Improvement
2=Meets Expectations
3=Exceeds Expectations
4=Outstanding

SURVEY RESULTS

61 unique individuals completed the survey. This is the second highest number of completed surveys since the start of the survey in 2012. It should be noted that CAMHD conducted a provider rate study in 2016 and held individual provider meetings. Thus, there was no standard survey for fiscal year 2016.

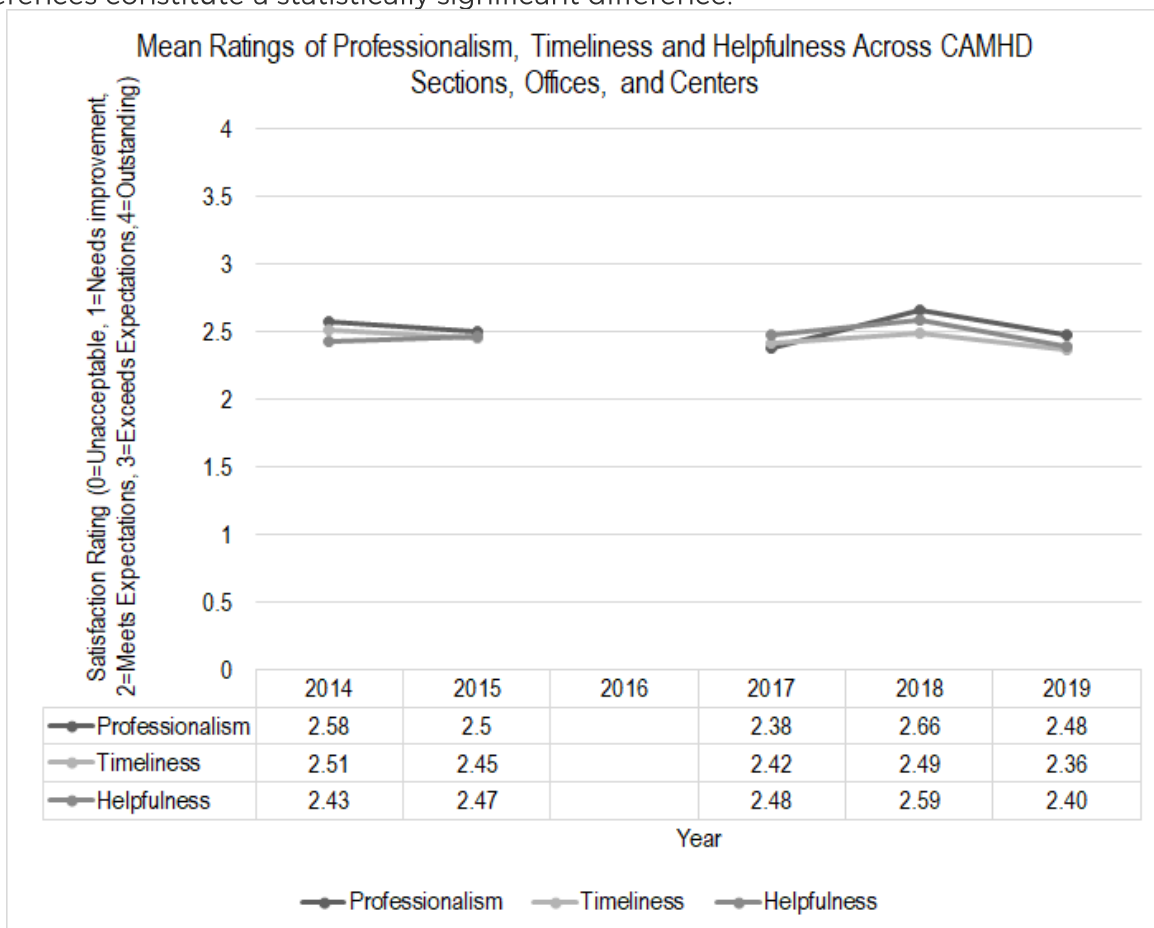


Survey respondents indicated having a range of roles within the CAMHD provider network.



PROFESSIONALISM, TIMELINESS, & HELPFULNESS

To obtain an overall measure of satisfaction across CAMHD offices/FGCs/services, three items were assessed for all CAMHD offices/FGCs/services, in addition to other items that were tailored for each office/section/process surveyed. The evaluation items common to all offices/FGCs/services of CAMHD asked providers to rate the extent of their satisfaction with professionalism, timeliness and helpfulness. A mean value was calculated for all responses offered for each of the three items (i.e., "Professionalism," "Timeliness," and "Helpfulness") related to a certain section of CAMHD (e.g., PMO, CSO, RET, FGCs). A mean was then calculated across the CAMHD offices/FGCs/services means for each of the three survey items. The rating scores in the table below for the questions related to "Professionalism," "Timeliness," and "Helpfulness" are calculated 'mean of mean' values across the CAMHD offices/FGCs/services. The resulting scores for these three items suggest that for all three areas, there providers perceive CAMHD as performing at a level that is between "Meets Expectations," (score=2) and "Exceeding Expectations" (score=3). In other words, providers responding to the survey believe that the professionalism, timeliness and helpfulness of the CAMHD "Meets Expectations" but does not necessarily rise to the level of "Exceeds Expectations." The results also suggest that since the 2018 study, the CAMHD demonstrated a relative decrease across all three domains. It is unclear, however, whether these slight differences constitute a statistically significant difference.



I LIKE...

Providers were asked to complete the phrase "I like" with regard to the CAMHD system. 48 comments were offered.

1. THE QUALITY OF CLINICAL STAFF (33%)

"working with dedicated care coordinators"

2. SERVICES AVAILABLE IN THE CAMHD (21%)

"the many programs we can refer families to apply for."

3. CO-MANAGEMENT & COLLABORATION WITH CAMHD (21%)

"that there is a positive team approach to helping families"

4. QUALITY OF CLINICAL CARE (13%)

"Specifically having goals with timelines that keep youth, caregiver & team members accountable."

5. SUPPORT & ASSISTANCE FROM CAMHD STAFF (11%)

"I like when they attend treatment teams in person and are helpful when I have questions regarding process."

6. ONGOING DESIRE TO IMPROVE (11%)

"I like that there are systems of accountability, research, quality control, and oversight, to name a few"

7. OTHER

Five additional themes were present in less than 10% of comments: Leveraging system data for decision-making (8%), Specific central administration office staff (8%), Online documentation (6%), Communication (4%), and CAMHD Summer Conference (2%)

I WISH...

Providers were asked to complete the phrase "I wish" with regard to the CAMHD system. 50 comments were offered. 10% of comments were neutral or positive.

1. FOR AN IMPROVED MAX EXPERIENCE (22%)

"the people designing the MAX system had worked more closely with the programs"

2. FOR IMPROVED CO-MANAGEMENT & COLLABORATION (20%)

"to increase collaboration with CAMHD in ensuring treatment targets/goals are aligned with services provided."

3. FOR INCREASED CLINICAL RESOURCES & SERVICES (18%)

"there were more options for higher level of care programs"

4. FOR IMPROVED COMMUNICATION (16%)

"some of the MHCC's could be more responsive to phone calls."

5. FOR IMPROVED FISCAL PRACTICES (12%)

"CAMHD reimbursed more and got rid of the Teal Book"

6. FOR MORE CONSISTENT PRACTICES ACROSS GUIDANCE CENTERS (10%)

"Each family guidance center followed the same policies and procedures."

7. OTHER

Twelve additional themes were present in less than 10% of comments: To serve a larger population of youth and more provider trainings (both 6%); Faster credentialing, decreased waits to start services, and improved referral/intake process (4% each); Using the term clients rather than customers, ending use of the Teal Book, developing work committees to address system issues, having more available care coordinators, improving effectiveness of services, referring more youth to MST, more acknowledgment (2% each)

WHAT IF...

Providers were asked to complete the phrase "what if" with regard to the CAMHD system. 40 comments were offered. 8% of comments were neutral or positive.

1. THERE WAS GREATER SYSTEM-WIDE COLLABORATION (30%)

"We worked more collaboratively for the success and benefit of our families?"

2. THERE WERE MORE SERVICES & PROVIDERS (20%)

"We acknowledged our deficits and banded together to seek more resources from the state."

3. THERE WERE SHORTER WAITLISTS AND IMPROVED TRANSITIONS (13%)

"Youth could move more more rapidly into and between services."

4. THERE WERE IMPROVED FISCAL PRACTICES (10%)

"providers notes being finalized were immediately used as billing rather than pulling invoices for services"

5. THERE WAS GREATER AVAILABILITY AND USE OF EVIDENCE-BASED PRACTICES (10%)

"there were more services in the community for Children and Adolescents according to evidence based practices and recommendations"

6. THERE WAS AN IMPROVED MAX/DATA SYSTEM (8%)

"a service provider did not have to input so much duplicate data?"

7. OTHER

Seven additional themes were present in less than 8% of comments: There were improved cultural knowledge and values and more training/supports for providers (both 5%); there increased use of research findings in policy, there were improvements in the credentialing process, CAMHD served a larger population, CAMHD used volunteers creatively, and Family Guidance Centers had more consistent practices (all 3%)

SECTION, OFFICE, CENTER & BRANCH RESULTS

Mean scores on each of the items for all CAMHD offices/FGCs/services were calculated. The following office-, FGC-, and service-specific stacked bar graphs present the percent of respondents who rated items as “Unacceptable or Needs Improvement,” “Meets Expectations,” and “Exceeds Expectations or Outstanding.” Items listed on the y-axis are sorted by means from high to low, such that the items on which providers reported the greatest satisfaction are at the top of the graph, while items on which providers indicated lower satisfaction are at the bottom of the graph.

AREAS OF STRENGTH

The CAMHD offices/FGCs/services can and should celebrate items on which they received higher scores of satisfaction. As an example, items listed at the top of the y-axis on the following stacked bar graphs are items of relative strength for the CAMHD offices/FGCs/services.

OPPORTUNITIES FOR IMPROVEMENT

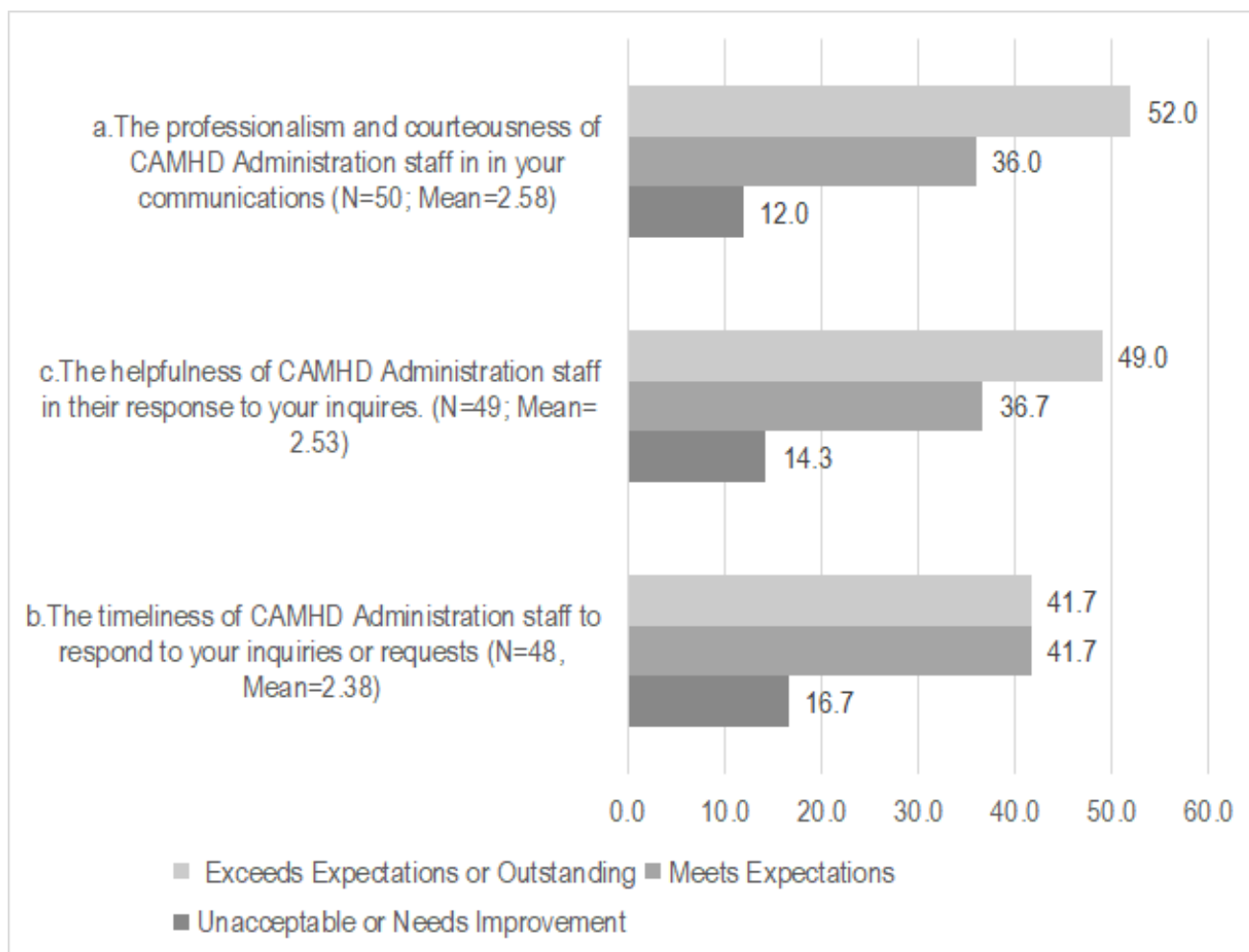
Opportunities for improvement are indicated by (a) a score of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale on an item and (b) the lowest scoring item within the section/branch/center. The managers or chiefs of the specific section/branch/center should discuss plans for addressing the identified opportunities for improvement with the identified supervisors.

STUDY LIMITATIONS

When providers rated CAMHD offices/FGCs/services as "Unacceptable" or "Needs Improvement" on items, they were asked to explain why. After reviewing these qualitative comments, it was apparent that responders often referenced incorrect sections. For example, of the 11 responses under the Central Administrator section, only 2 were relevant to that section (7 directly related to Family Guidance Centers, 2 were "N/A"). This inconsistency was present in other sections and the CAMHD is considering interventions to ensure more accurate information in the future.

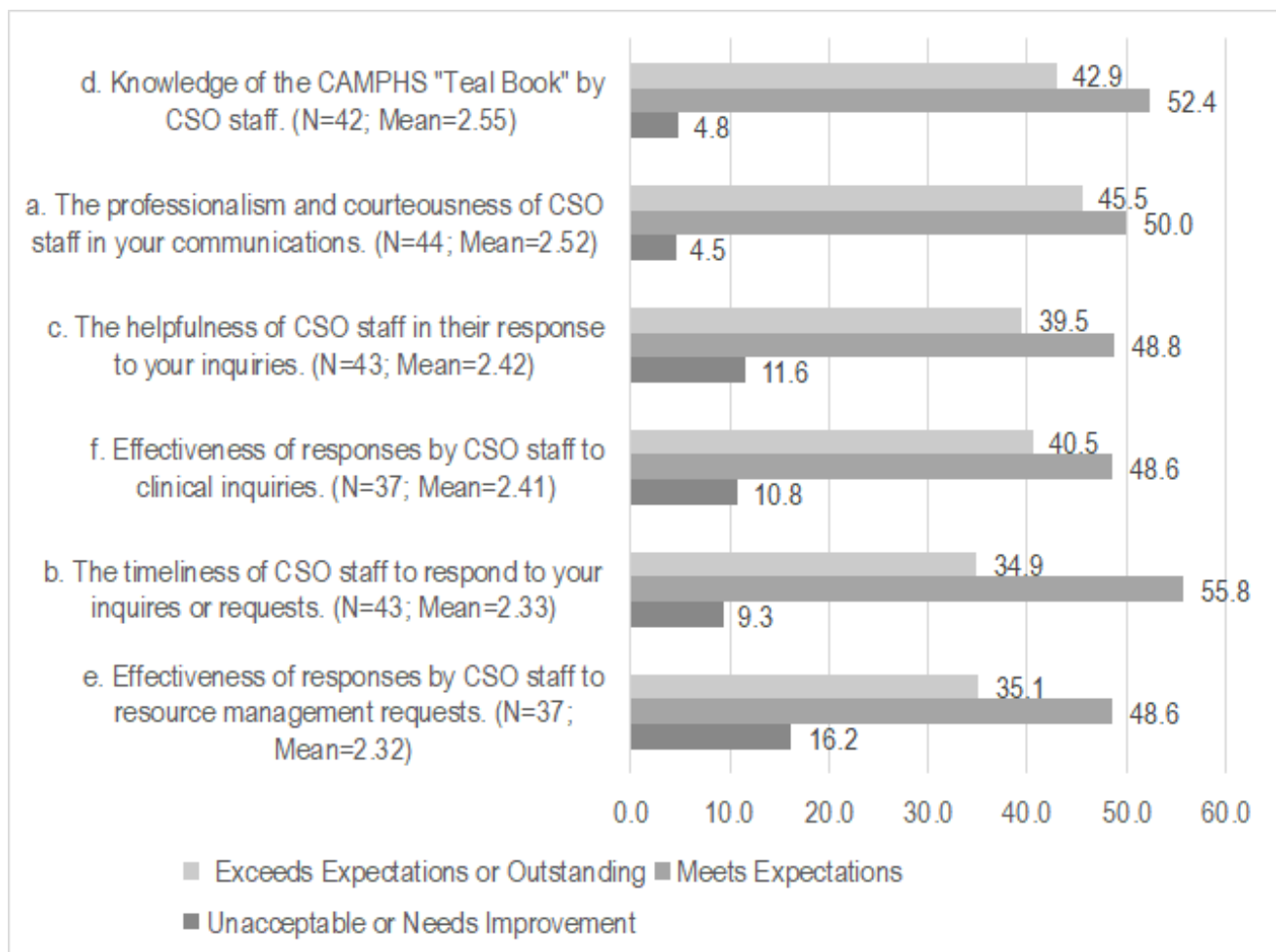
CENTRAL ADMINISTRATIVE OFFICE

The CAMHD Administrator and his/her support staff are tasked with overseeing the management and support functions for all affairs of the CAMHD. Until 6/30/19, this position was held by Dr. M. Stanton Michels. Currently, Dr. Scott Shimabukuro is acting administrator.



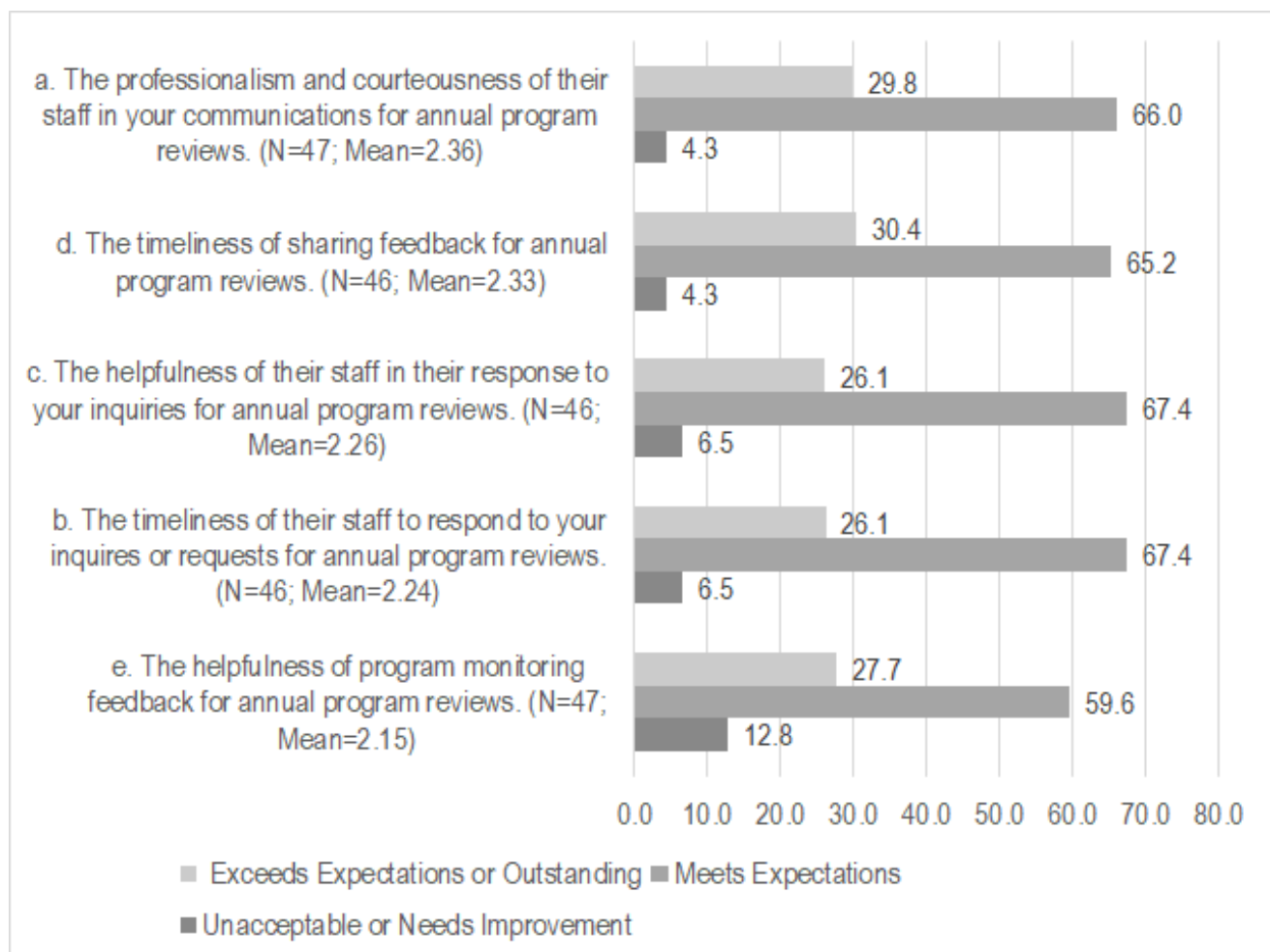
CLINICAL SERVICES OFFICE (CSO)

The Clinical Services Office oversees several sections in CAMHD including: the Clinical Practice and Resource Management and the Performance Management. The Clinical Services Office (CSO): Clinical Practice and Resource Management section provides technical assistance, and training for CAMHD, its contracted providers, and community stakeholders to ensure best practices are used and clinical services meet or exceed national standards. CSO is responsible for the development, implementation and oversight of policy, performance standards and practice guidelines (i.e. Teal Book) for CAMHD and its contracted providers, as well as assessing and augmenting/enhancing the capacity of CAMHD's statewide system of care.



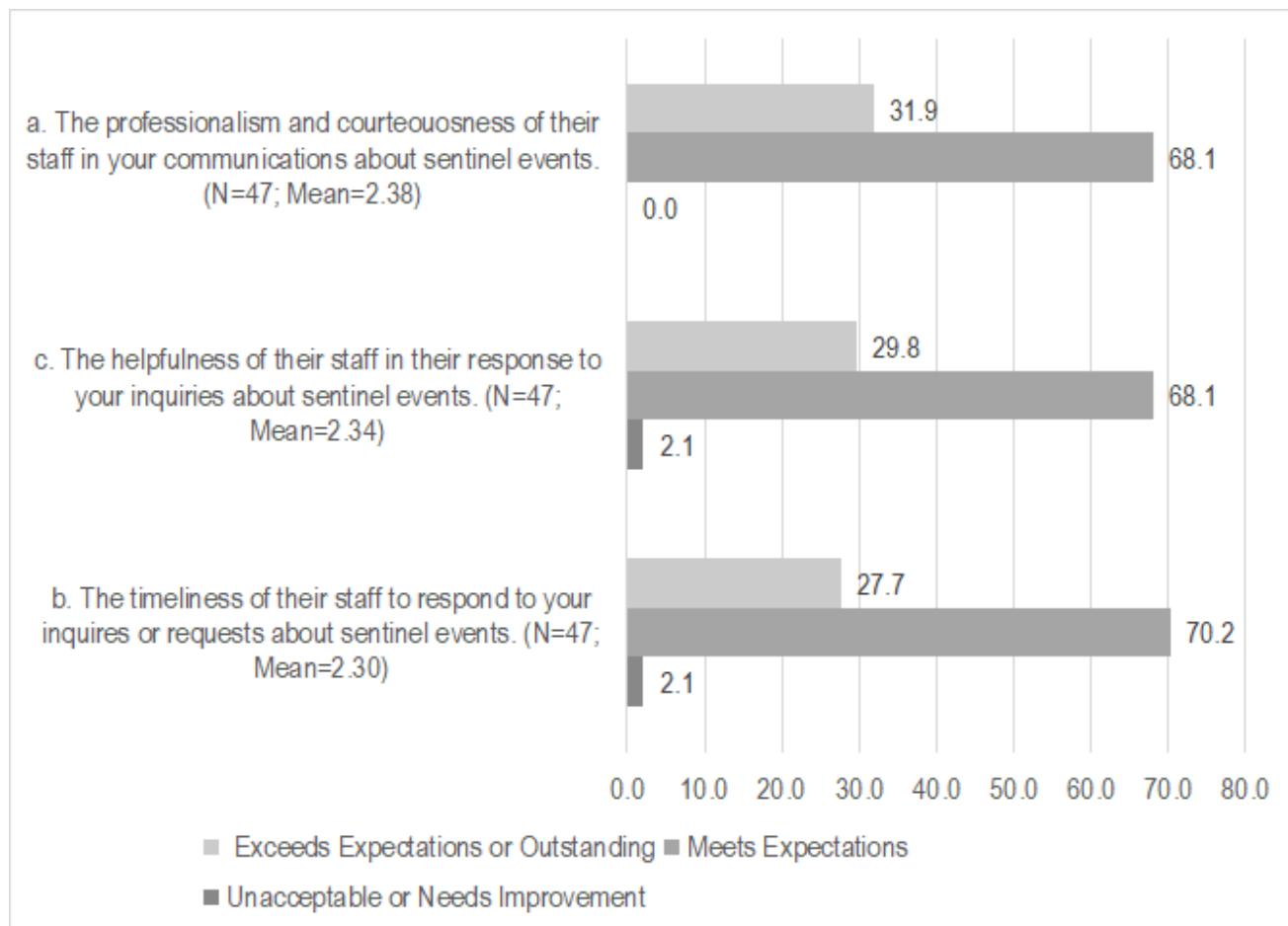
PERFORMANCE MANAGEMENT: PROGRAM MONITORING

The Performance Management section of the CSO provides quality oversight and monitoring of the policies and practices of contracted providers to ensure quality, timely, safe and effective treatment services that are congruent with CAMHD's practice standards. This section is comprised of several teams including Program Monitoring and Sentinel Events. The Program Monitoring team conducts annual program reviews to assess the quality of clinical services provided identifying overall programmatic strengths and areas for improvement. Program Monitors coordinate case-based reviews, compose review summaries as well as annual performance reports, and provide technical assistance for contracted provider agencies.



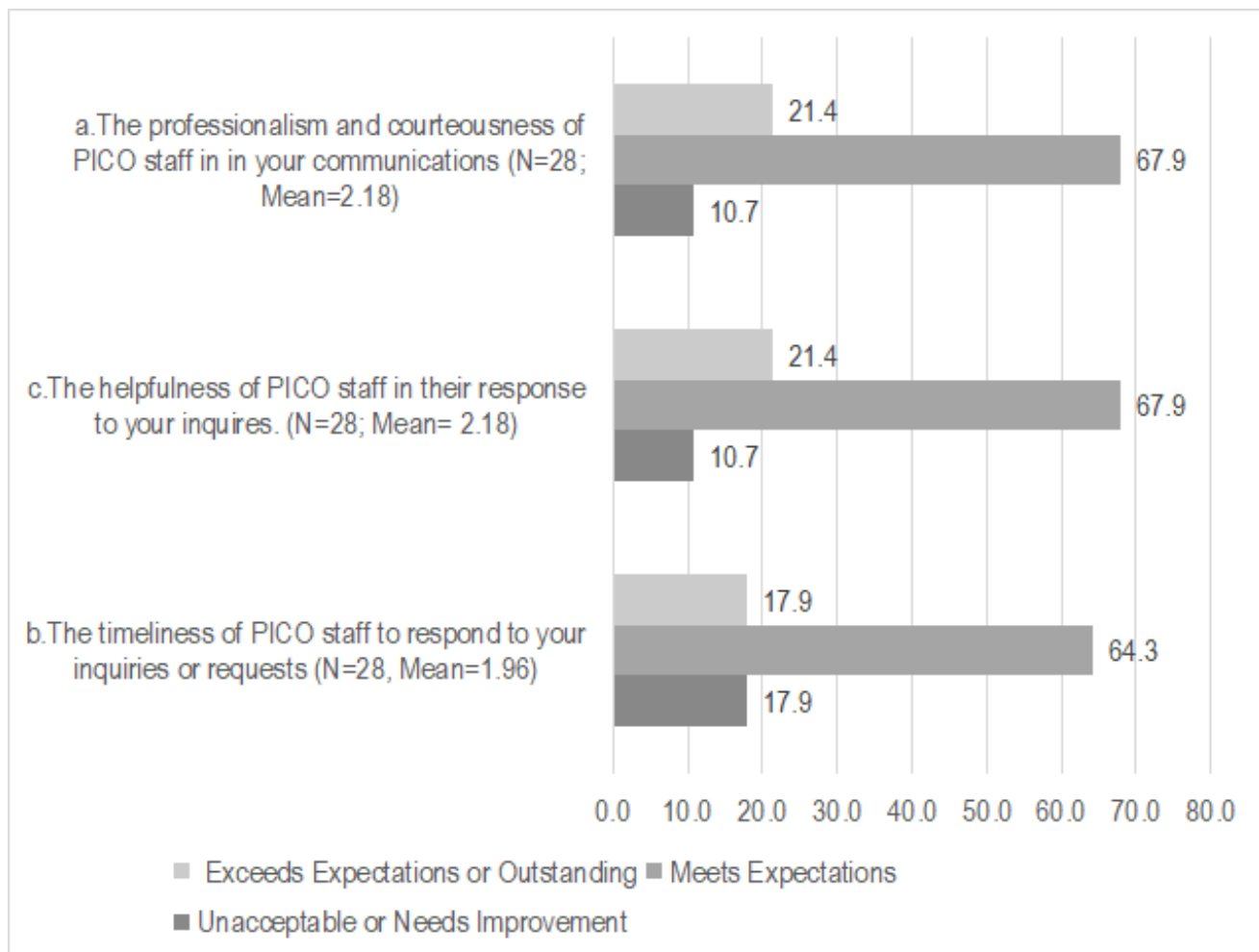
PERFORMANCE MANAGEMENT: SENTINEL EVENTS

The Sentinel Events team monitors the safety of contracted provider agency programs and services through the Sentinel Events/Reportable Incidents (SE/RI) system, including the review of all submitted reports as well as providing consultation and on-going technical assistance for contracted provider agencies.



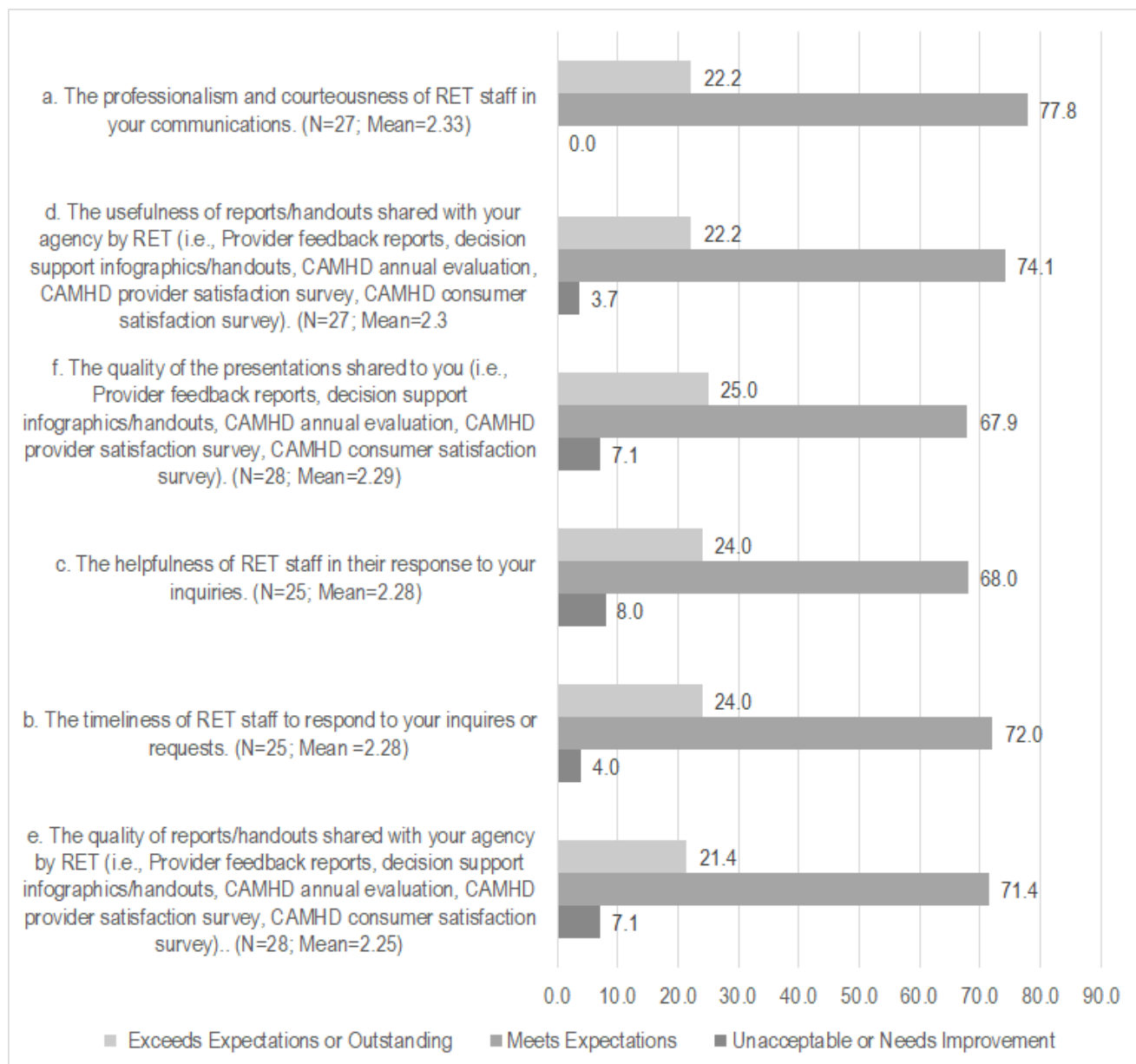
PROGRAM IMPROVEMENT & COMMUNICATIONS OFFICE

The Program Improvement and Communications Office (PICO) oversees all policies and communications that connect CAMHD to providers (i.e., provider liaison), consumers, the legislature, and the public, including (but not limited to) official government communications and digital media platforms (e.g., social media, website, CAMHD newsletter). PICO also conducts planning and manages service expansion activities including the federal block grant.



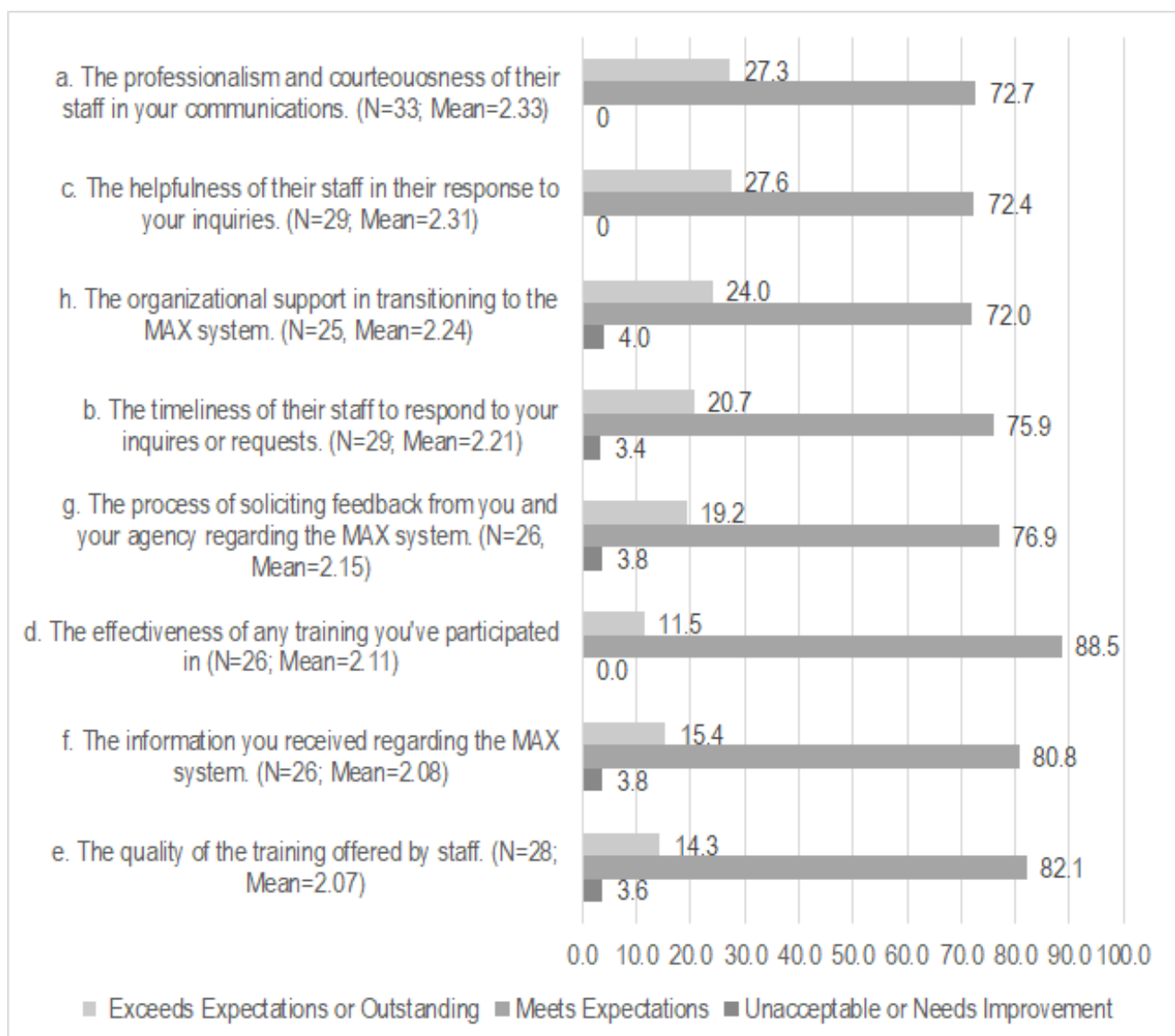
RESEARCH & EVALUATION TEAM

The Research and Evaluation Team (RET; a partnership between the CAMHD's Program Improvement and Communications Office and the University of Hawai'i Department of Psychology) analyzes local and national data to inform system improvement and presents data that are collected by/for CAMHD staff, contracted providers, and consumers of CAMHD services. Examples of the presentations and reports RET offers include: the Provider Feedback Report (or bi-annual 'Decision Support Collaborative/DSCo'), the Provider Satisfaction Survey, the CAMHD Annual Report, and the Consumer Satisfaction Survey.



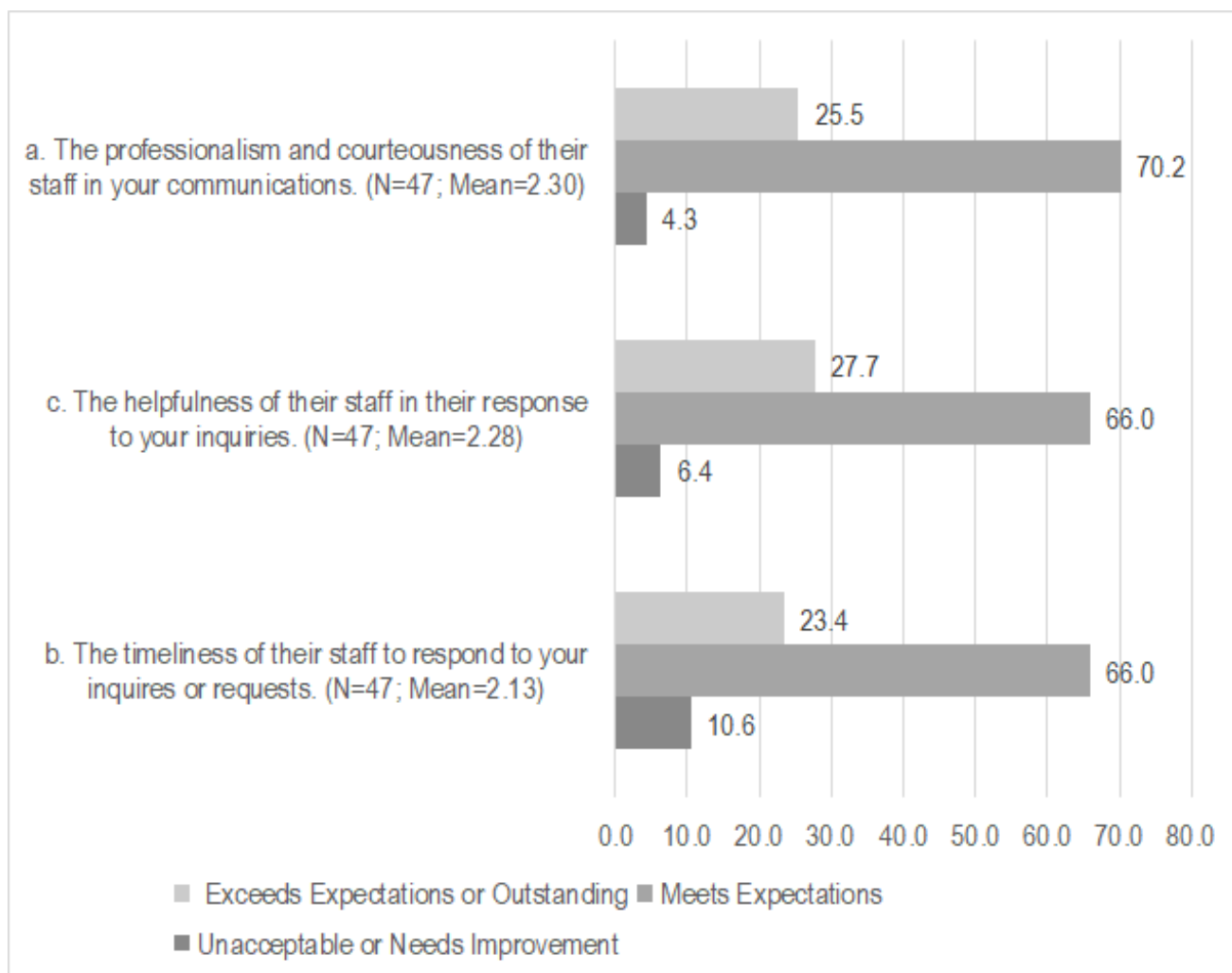
HEALTH SYSTEM MANAGEMENT OFFICE: MANAGEMENT INFORMATION SYSTEMS

The Health System Management Office (HSMO) oversees three sections in CAMHD: Management Information Systems (MIS), Credentialing, and Facilities Certification. The HSMO MIS section oversees CAMHD networks and data to insure confidential, effective, and efficient business practices that are in compliance with state and federal guidelines. MIS supports the maintenance of the MAX system, makes recommendations regarding billing, and audits provider billing practices.



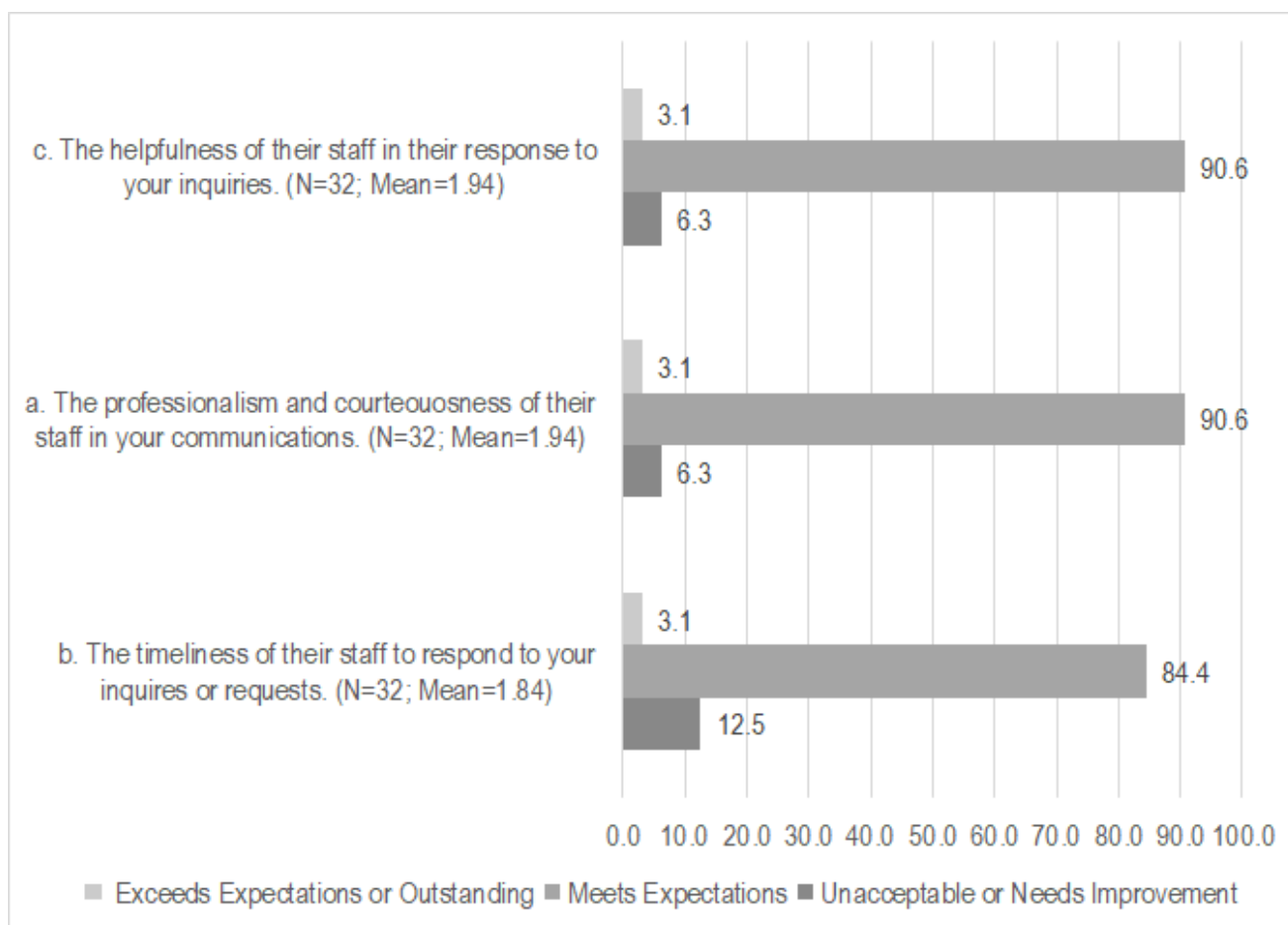
HEALTH SYSTEM MANAGEMENT OFFICE: CREDENTIALING

The Health System Management Office (HSMO): Credentialing Section works with agency credentialing specialists to ensure that all providers and staff who provide services to CAMHD youth are vetted through the credentialing process as determined by state and federal law.



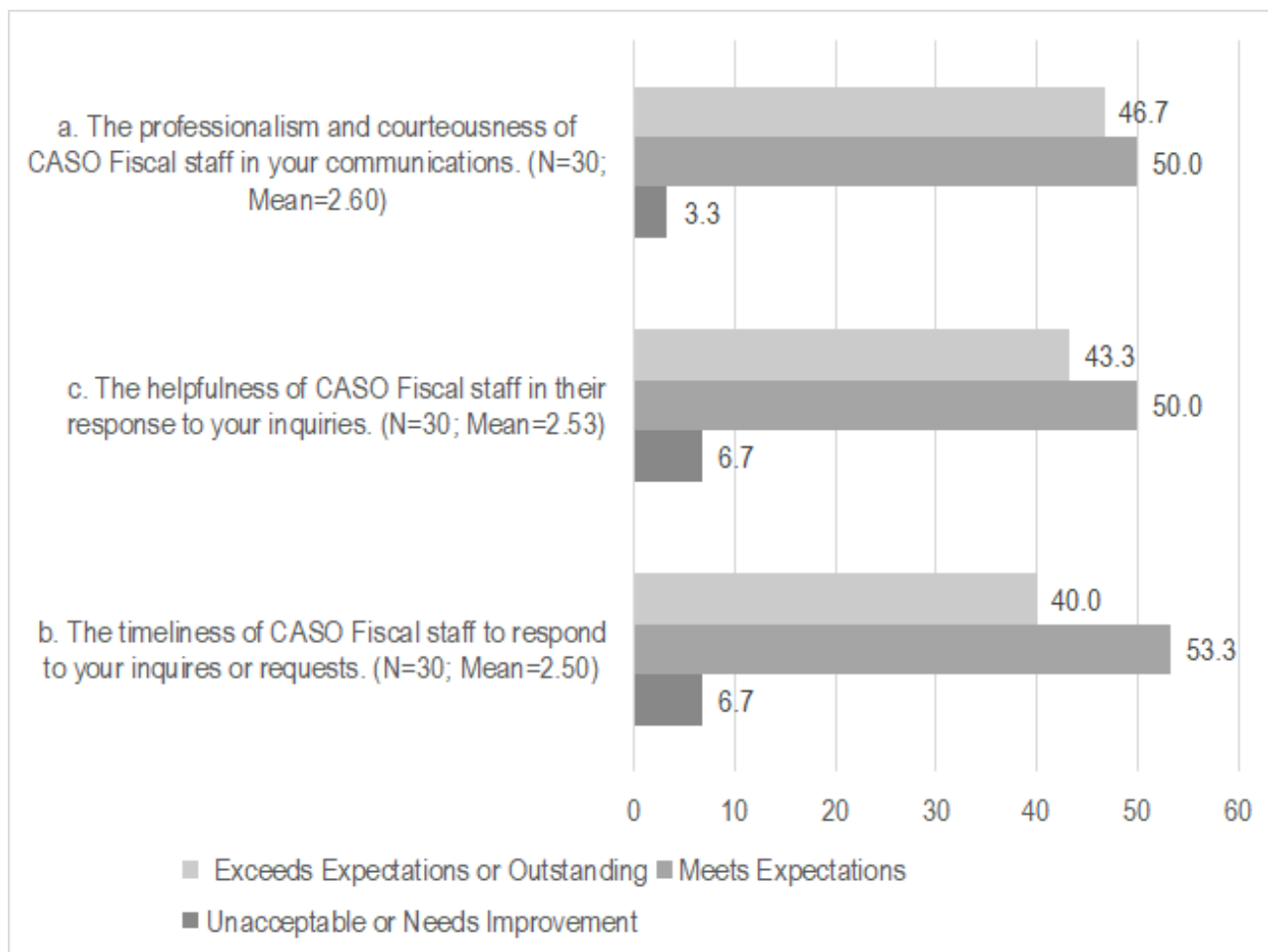
HEALTH SYSTEM MANAGEMENT OFFICE: FACILITIES CERTIFICATION

The Health System Management Office (HSMO): Facilities Certification section conducts site visits of residential programs to determine the safety of the facilities and asks for improvements or corrective actions when necessary.



CENTRAL ADMINISTRATIVE SERVICES OFFICE: FISCAL SUPPORT

The CASO: Fiscal Support component insures that providers maintain adherence to their contracted budget and that provider claims are paid according to the invoice submitted to them by the HSMO: Management Information Systems Department. This section does not involve billing audits.



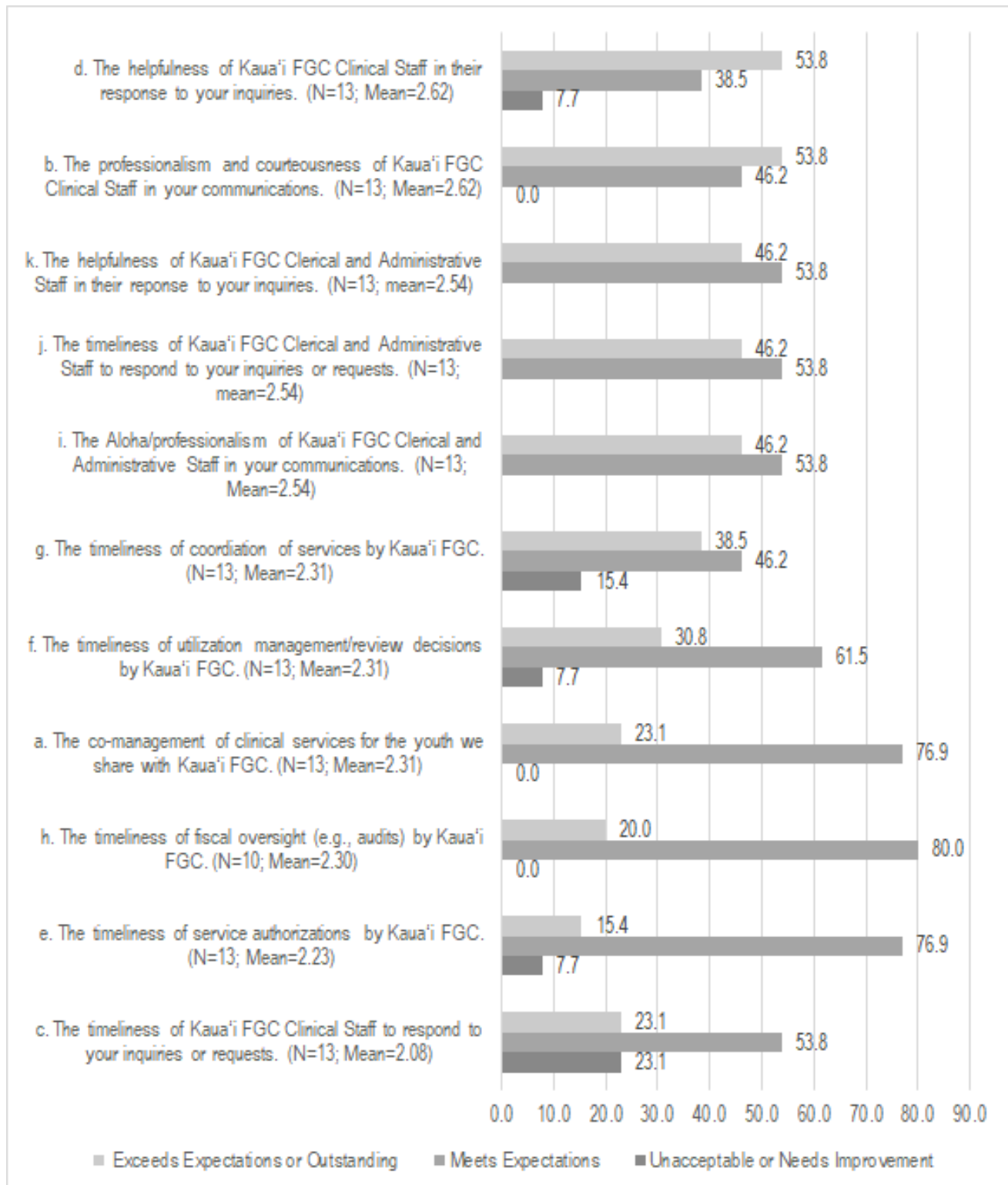
FAMILY GUIDANCE CENTERS & FAMILY COURT LIAISON BRANCH

The CAMHD Family Guidance Centers (FGCs) and Family Court Liaison Branch (FCLB) manage care for youth and family clients within the CAMHD by liaising with the Department of Education/schools, receiving referrals, registering clients, coordinating care, providing intensive case management services, and procuring mental health services from contracted providers. The FGCs and FCLB are managed by a Center or Branch Chief and supported by psychiatrists, psychologists, mental health supervisors, quality assurance specialists, administrative supports, fiscal officers, and care coordinators.

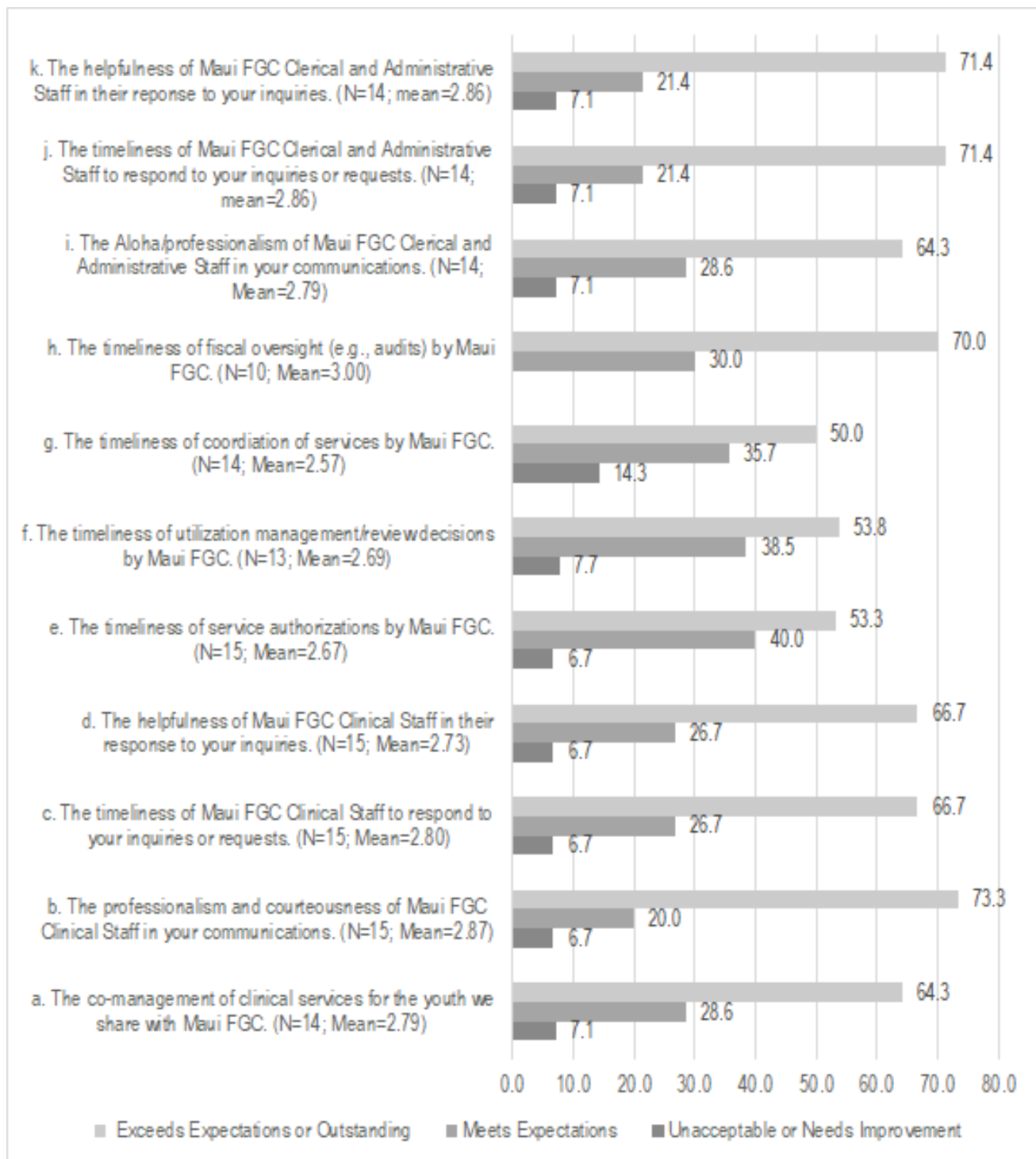


The term "Clinical Staff" refers to all of the following FGC staff: psychiatrists, psychologists, care coordinators, and mental health supervisors. "Administrative Staff" refers to all of the following FGC staff: center chief, administrative support, fiscal officer, and quality assurance specialists.

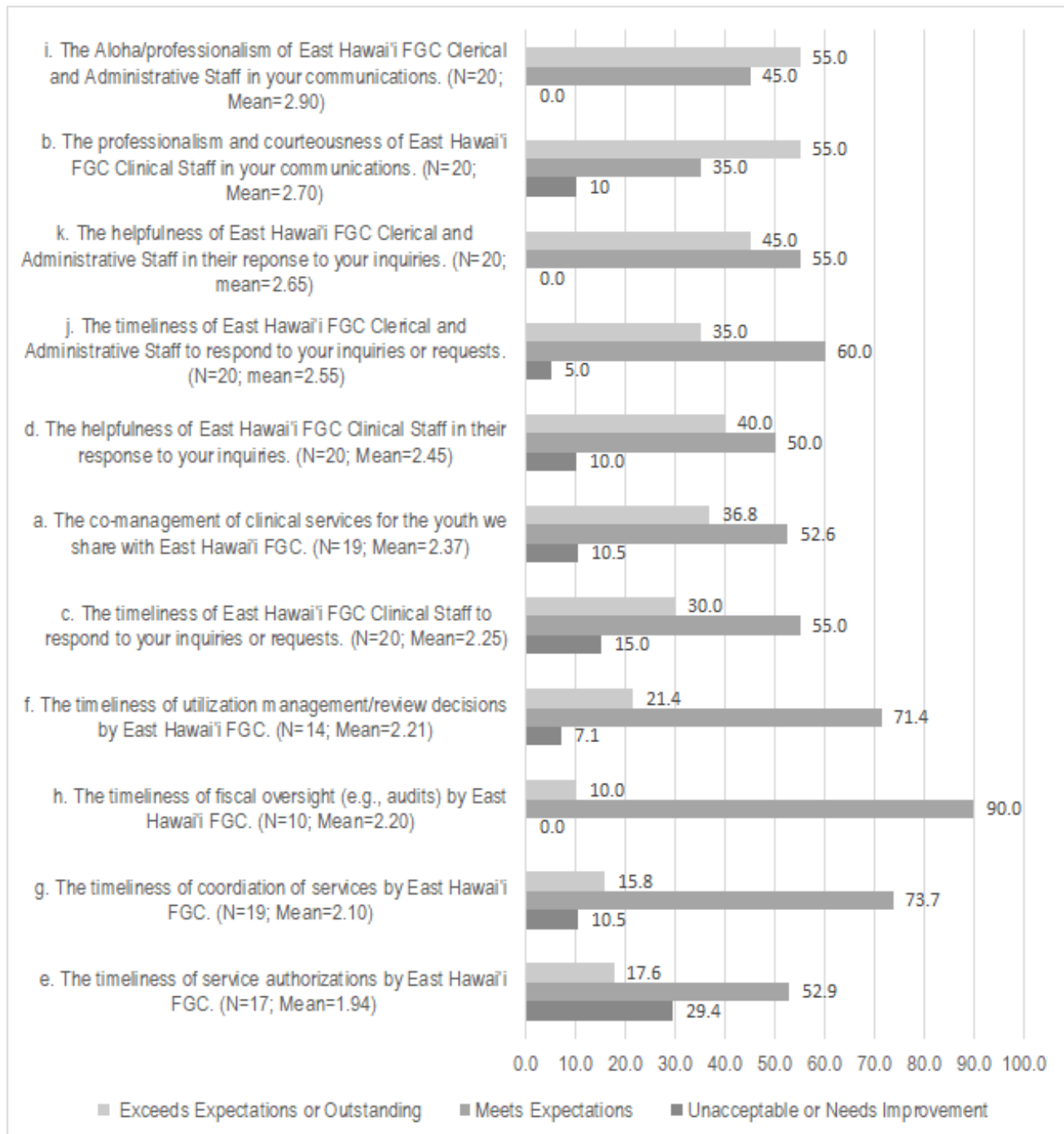
KAUA'I FAMILY GUIDANCE CENTER



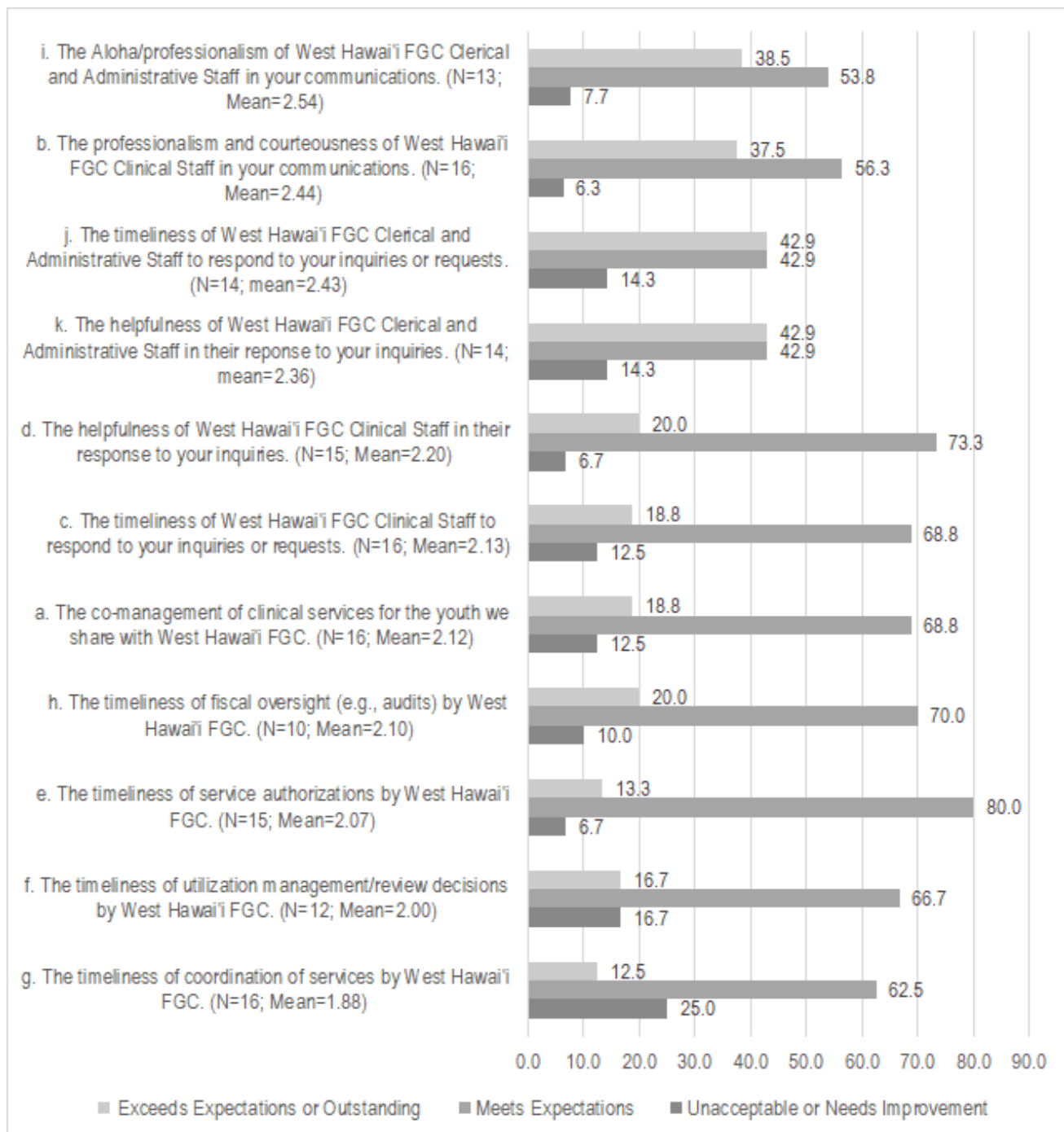
MAUI FAMILY GUIDANCE CENTER



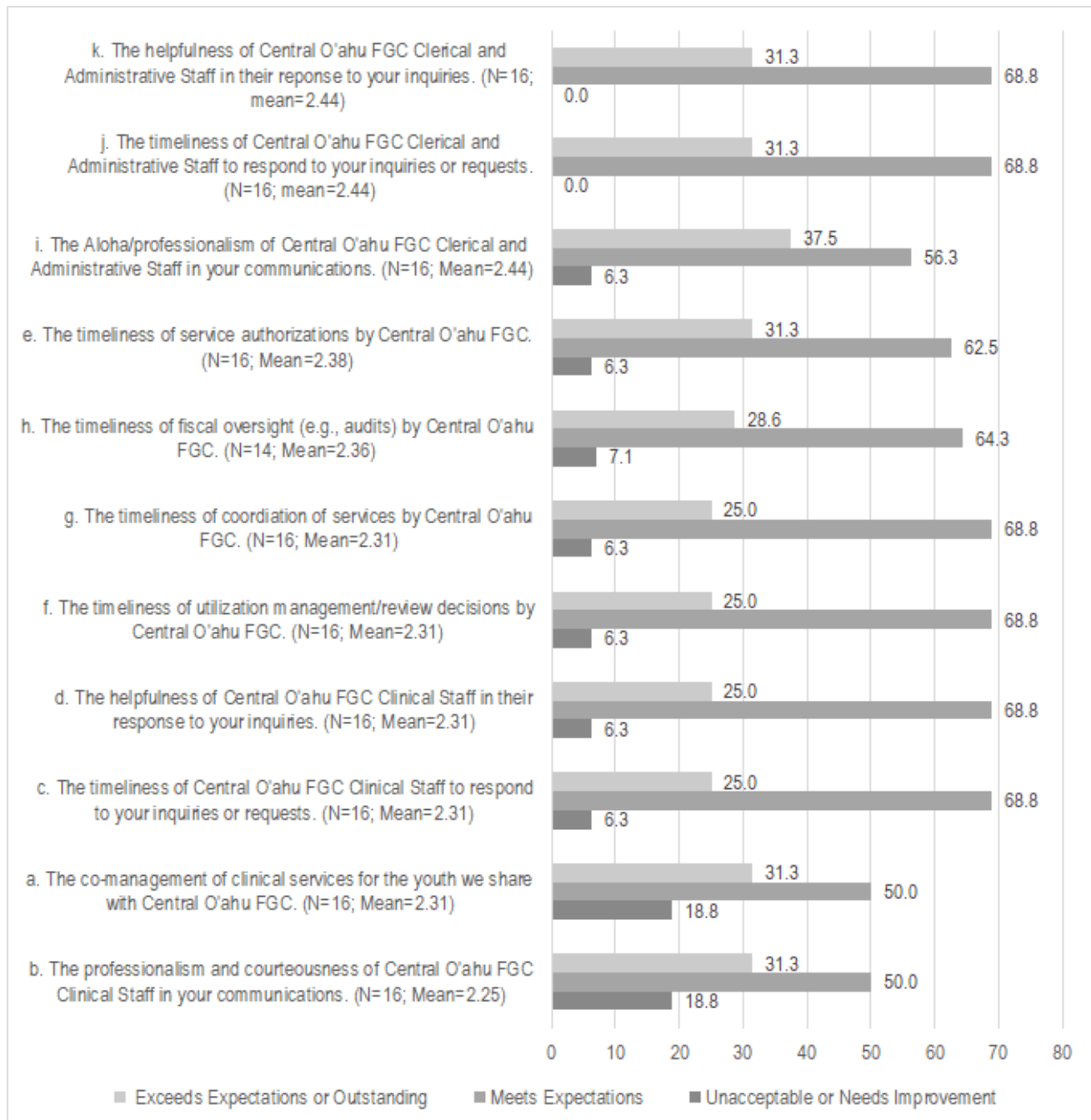
EAST HAWAI'I FAMILY GUIDANCE CENTER



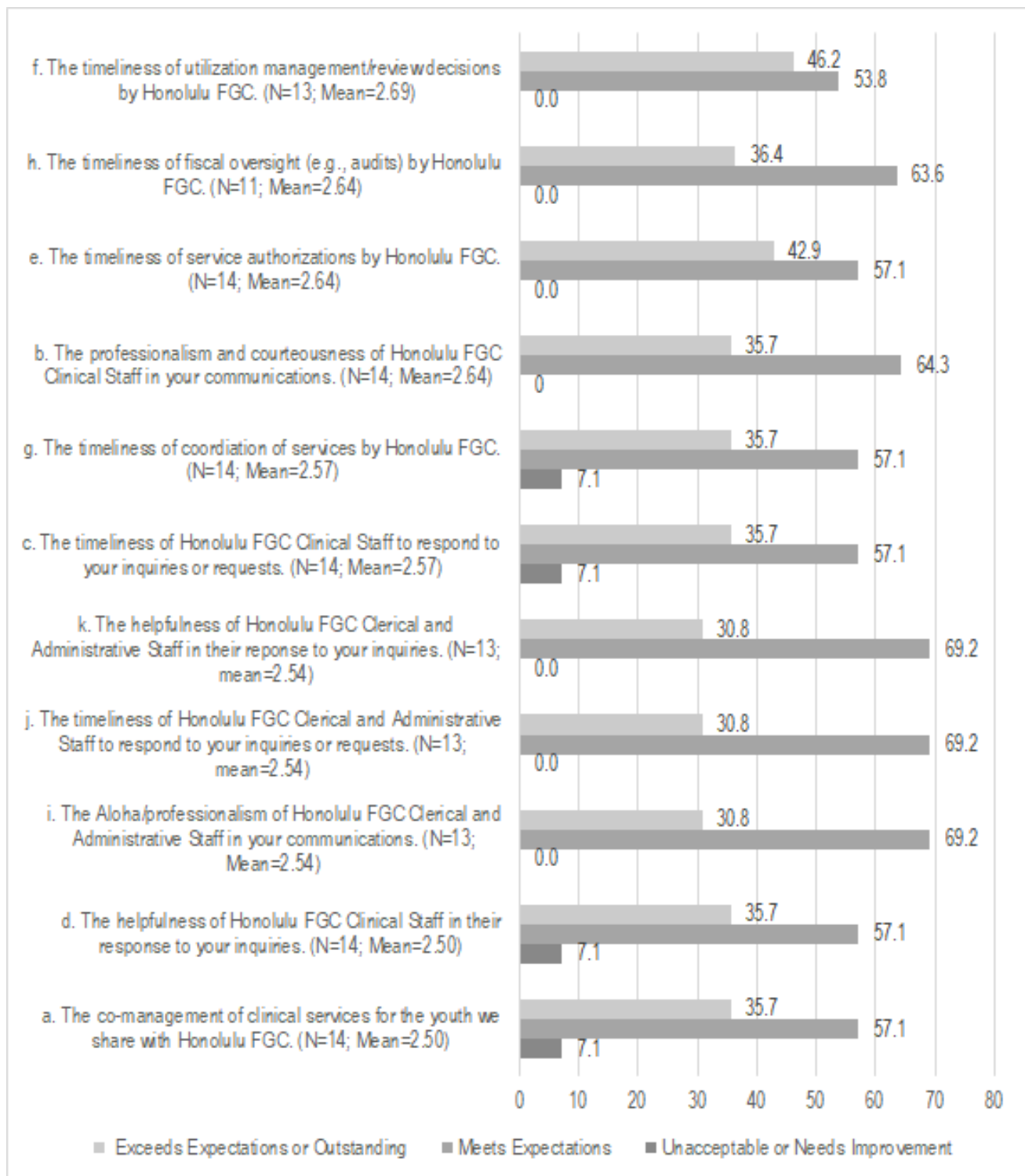
WEST HAWAI'I FAMILY GUIDANCE CENTER



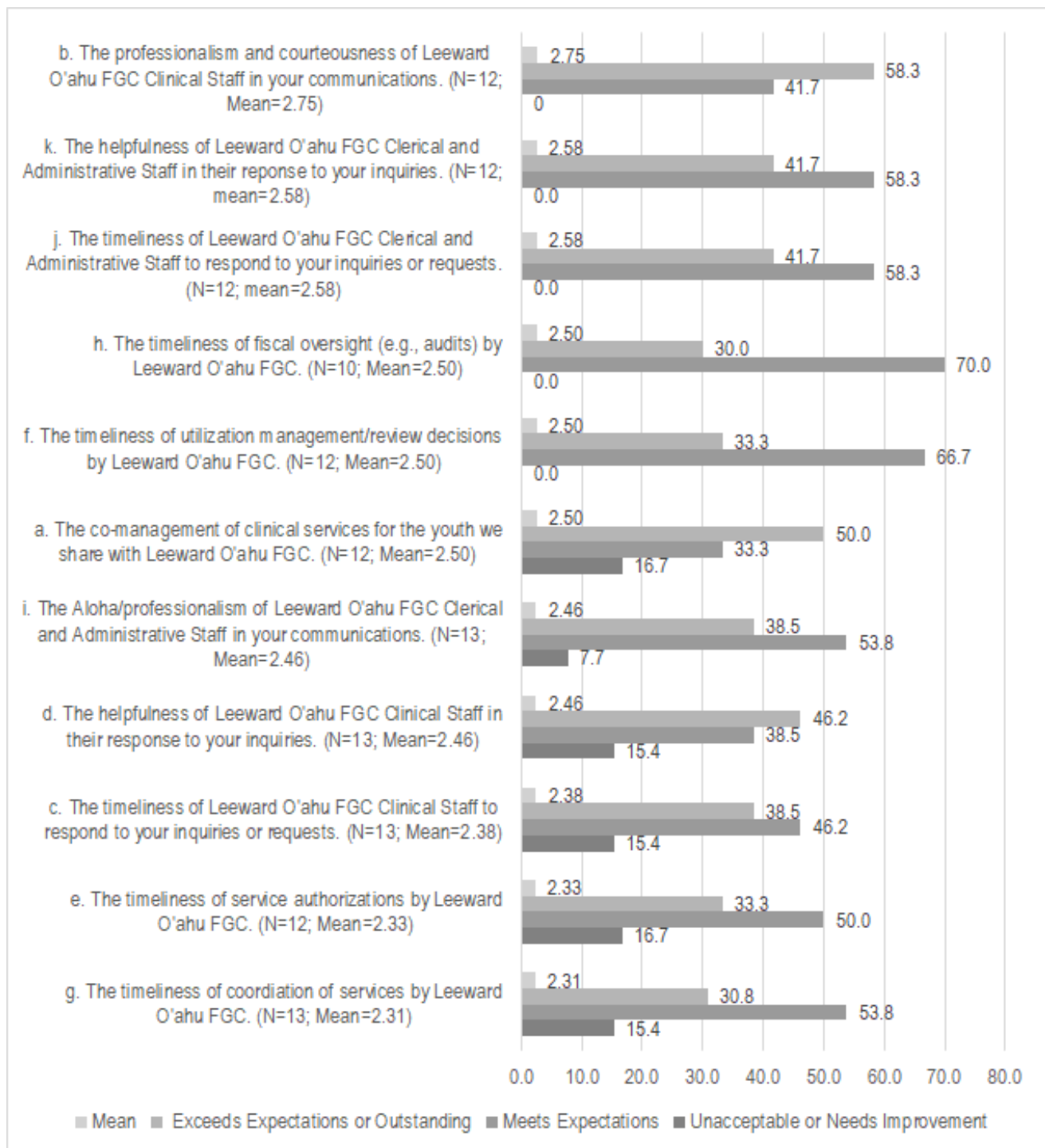
CENTRAL O'AHU FAMILY GUIDANCE CENTER



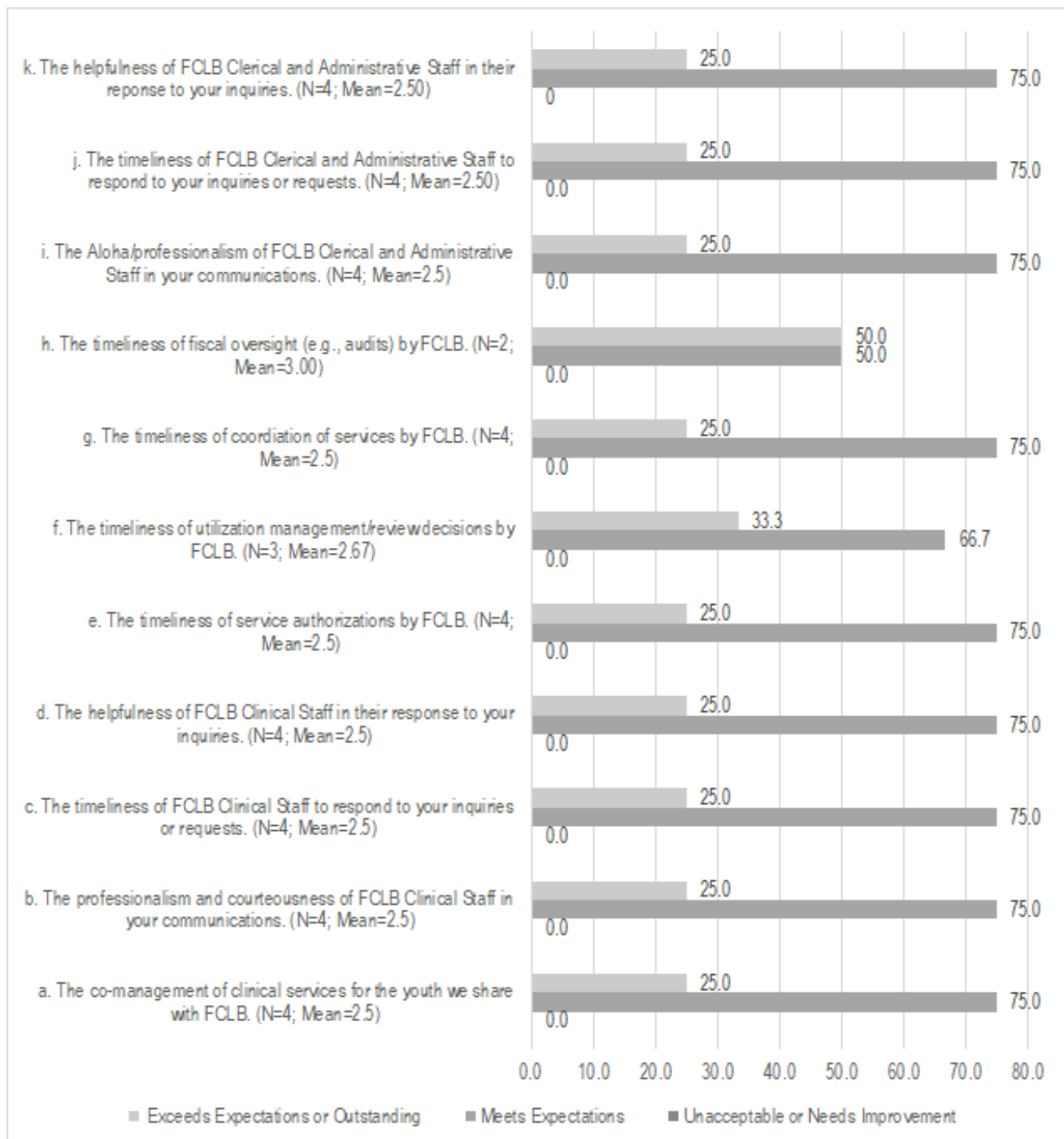
HONOLULU O'AHU FAMILY GUIDANCE CENTER



LEEWARD O'AHU FAMILY GUIDANCE CENTER



FAMILY COURT LIAISON BRANCH



A digital copy of this report can be downloaded at the CAMHD website under the "Our Research" tab.

QUESTIONS?

If you have questions or comments regarding this report, please contact the provider relations liaison, Carol Evans, at Carol.Evans@doh.hawaii.gov.

